



# Kinship Caregiving Survey

## for Relatives Raising Relatives' Children

IF POSSIBLE, PLEASE RESPOND within 7 to 10 days.  
Completed questionnaires sent later will still be useful.

**IMPORTANT:** All questions that ask about “the child(ren) in your care” are asking about the minor child(ren) of your relative(s) in your care.

### Section A • Facts about you

1. How are you related to the child(ren) in your care?

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2. How long have you been doing kinship care?

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3. Do you have medical insurance for:

Yourself? ..... ☐ Yes ☐ No

The child(ren) in your care? ☐ Yes ☐ No

4. Do you have dental insurance for:

Yourself? ..... ☐ Yes ☐ No

The child(ren) in your care? ☐ Yes ☐ No

5. Do you have optical/vision insurance (eye exams, eye glasses, contact lenses) for:

Yourself? ..... ☐ Yes ☐ No

The child(ren) in your care? ☐ Yes ☐ No

6. What is your gender?

☐ Male ☐ Female

7. What is your age? \_\_\_\_\_

8. How do you describe your race and/or ethnicity?

**Check all that apply.**

☐ Black/African American

☐ White/Caucasian

☐ Native American/American Indian

☐ Hispanic/Latino/Latina

☐ Asian American/Pacific Islander

☐ Chicano/Chicana

☐ Puerto Rican/Cuban/Other Latin American

☐ Chaldean/Saudi/Other Arab American

☐ Other racial/ethnic group, please describe:

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9. What is your current marital status?

☐ Never married

☐ Married/Partnered

☐ Widowed

☐ Divorced

☐ Separated

10. Are you currently employed?

☐ No, I'm retired

☐ No, I'm unemployed

☐ Yes, part time

☐ Yes, full time

☐ Other, describe:

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11. What is or was your occupation?

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## Section B • Facts about your household and resources

1. What is your zip code? \_\_\_\_\_

2. How would you describe your current household?

☐ One-parent family

☐ Two-parent family

3. How many adults and children are living in your household? Please include yourself in the number of adults. For number of children, include all biological, adopted, foster and relative children.

Number of adults: \_\_\_\_\_

Number of children: \_\_\_\_\_

4. Which of the following types of income and financial assistance currently apply to your household? **Check all that apply.**

☐ My own employment

☐ My spouse's/partner's employment

☐ Pension/retirement benefits

☐ SSDI (Social Security Disability Income)

☐ Social Security

☐ TANF (Temporary Assistance to Needy Families)

☐ Child only grant

☐ Food stamps

☐ Child support

☐ Foster care payments

☐ Adoption support subsidy

☐ Money from family

☐ Other, describe: \_\_\_\_\_  
\_\_\_\_\_

5. What is your household income? Please use the total of sources of income and financial assistance checked for Item 4.

☐ Less than \$10,000

☐ \$10,000 - \$19,999

☐ \$20,000 - \$29,999

☐ \$30,000 - \$39,999

☐ \$40,000 - \$49,999

☐ \$50,000 - \$59,999

☐ \$60,000 - \$69,999

☐ \$70,000 or more

6. What is your main source of transportation ?

☐ My own car

☐ Borrowing a friend's/relative's car

☐ Buses

☐ Taxi cabs

☐ Bicycle

☐ Other, describe: \_\_\_\_\_  
\_\_\_\_\_

7. Are there things you would like to provide for the child(ren) in your care that you cannot afford? Examples: internet access, school pictures, trips to the zoo, roller skating, high school yearbook.

☐ Yes ☐ No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Have you ever applied for government assistance and been denied?

☐ Yes ☐ No

If yes, please describe what you applied for AND the reason given for denial:

Assistance applied for: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason given for denial: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Section B continued on next page.....

## Section B • Facts about your household and resources • continued

9. How would you rate your current financial situation?

Poor	Fair	Good	Very good	Excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. How would you rate your financial situation before you became a kinship caregiver?

Poor	Fair	Good	Very good	Excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Please indicate your use of and/or need for the following services.

	Used to have it; still want or need it	Need it; don't have it	Have it now
Child only grant . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counseling for yourself as caregiver . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counseling for one or more of the child(ren) in your care . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial help from the FIA (Family Independence Agency) or DHS (Department of Human Services) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food stamps . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing support . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare/Medicaid for yourself as caregiver . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid for the child(ren) in your care . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respite care . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social groups/activities for yourself as caregiver . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social groups/activities for the child(ren) in your care . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support groups . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone help lines . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Please list any other services that you need or would like that are not listed above:

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13. Please share any other thoughts or comments you have about support, services and/or resources:

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## Section C • Questions about support from family and others

1. Has anyone helped you in caring for your relatives' children? ☐ Yes ☐ No  
If yes, who? Examples: friend, aunt, etc.: \_\_\_\_\_

2. How frequently do you receive the following support from the parent(s) of the child(ren) in your care? Regularly      Occasionally      Never

Child care/babysitting .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clothing .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial help .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, describe: .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, describe: .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. How frequently do you have contact with the parent(s) of the child(ren) in your care? ☐      ☐      ☐

4. How frequently do you have contact with your other adult relatives? ☐      ☐      ☐

5. How frequently do you have contact with other kinship families? ☐      ☐      ☐

6. Are you interested in socializing with or knowing other kinship families?

☐ Yes ☐ No

7. Do you currently attend or in the past have you ever attended a support group?

☐ Yes ☐ No

If yes, how helpful is/was it to you?

- ☐ Not at all helpful  
☐ A little helpful  
☐ Somewhat helpful  
☐ Helpful  
☐ Very helpful

8. Have you ever had an emergency or crisis with one or more of the child(ren) in your care?

☐ Yes ☐ No

If yes, what type of emergency or crisis occurred?

**Check all that apply.**

- ☐ Drugs/alcohol/smoking  
☐ Educational or school related/truancy  
☐ Emotional/behavioral  
☐ Sexual acting out/promiscuity/teen pregnancy  
☐ Legal trouble/delinquency/runaway  
☐ Medical/physical health  
☐ Other, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If yes, whom did you contact or talk with about the emergency or crisis?

**Check all that apply.**

- ☐ Child(ren)'s pediatrician  
☐ Church community or congregation member  
☐ Friend of the Court  
☐ Friend or neighbor  
☐ Lawyer or legal services  
☐ My own family doctor  
☐ Organized support group  
☐ Other kinship family  
☐ Pastor/minister/priest/rabbi/iman  
☐ Police/law enforcement  
☐ Psychologist/counselor/therapist  
☐ Relative  
☐ Social worker/caseworker/court worker  
☐ Teacher/school staff/principal  
☐ Other, describe: \_\_\_\_\_  
\_\_\_\_\_

## Section D • Questions about the child(ren) in your care

1. Why are you raising or helping to raise your relative's child(ren)? **Check all that apply.**

**"Parent(s)" means the birth/adoptive parent(s) of the child(ren) in your care.**

- ☐ Parent(s) serving in the military
- ☐ Parent(s) suffering from a mental illness
- ☐ Parent(s) suffering from a physical illness
- ☐ Parent(s) died
- ☐ Teen parent(s) too young to raise the child(ren)
- ☐ Parent(s) attending school and/or working
- ☐ Parent(s) unemployed
- ☐ Parent(s) working too many hours to care for them
- ☐ Parent(s) cannot financially support child(ren)
- ☐ Parent(s) drug/alcohol abuse
- ☐ Parent(s) abandoned child(ren)
- ☐ Parent(s) neglected child(ren)
- ☐ Parent(s) incarcerated in jail or prison
- ☐ Child(ren) needed a safe environment
- ☐ Child(ren) were abused
- ☐ I/we did not want the child(ren) to go into foster care
- ☐ I/we believed we would do a better job raising the child(ren)
- ☐ I/we thought it would be best for the child(ren)
- ☐ Other, describe: \_\_\_\_\_

2. Use the space below if you would like to say more about any of the reasons you are caring for your relative's child(ren). Add additional page if needed.

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3. Have you adopted this child/these children?

☐ Yes    ☐ No

If no, do you want to adopt?    ☐ Yes    ☐ No

4. What types of kinship care arrangements do you have? **Check all that apply.**

- ☐ Informal agreement (with parent or agency)
- ☐ Formal (legal arrangement)

Legal arrangements:

- ☐ Adoption
- ☐ Guardianship (limited or full)
- ☐ Licensed foster parent
- ☐ Permanent legal custody
- ☐ Power of Attorney
- ☐ Temporary legal custody
- ☐ Other, describe: \_\_\_\_\_

5. Was your current arrangement created with the assistance of a social service agency?

☐ Yes    ☐ No

6. If you have an informal arrangement, do you plan to seek a formal arrangement (legal custody, guardianship, adoption) in the future?

- ☐ No
- ☐ Yes, definitely
- ☐ I want to, but I don't know how
- ☐ I'm not sure if I want/need to

7. How long do you think you will be caring for your relative's child(ren) in your home? If you are unsure, how long would you be willing or able to continue caring for them?

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8. In your community, which of the following activities is/are the child(ren) in your care involved in? **Check all that apply.**

- ☐ Sports team (school or club)
- ☐ Religious/church group
- ☐ Non-religious youth organization
- ☐ Music/dance/theater
- ☐ Tutoring
- ☐ Volunteer in community
- ☐ Part-time job
- ☐ Full-time job
- ☐ Other, describe: \_\_\_\_\_

## Section E • Facts about each relative child in your care

Please list oldest child first:

	Child 1	Child 2	Child 3	Child 4	Child 5	Child 6
1. What is each child's current age? .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. What is this child's relationship to you? Examples: niece, step-grandchild, cousin, etc. ....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. What was each child's age when you first started caring for that child (if under 3 years old, write in months) .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Child's gender (circle one) .....	M / F	M / F	M / F	M / F	M / F	M / F
5. How do you describe each child's race/ethnicity (see page 1 for answer choices) .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Since birth, how many times has each child lived apart from his/her parent(s) and returned to the parent's home? .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Is child currently living in your home? (circle one)	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
8. If no, is child with one or both parents? (circle one or both) .....	Mom / Dad	Mom / Dad	Mom / Dad	Mom / Dad	Mom / Dad	Mom / Dad
<b>For each child, use these choices to answer questions 9 and 10; write in the number:</b> <b>5 = Daily   4 = Weekly   3 = Monthly   2 = Yearly   1 = No pattern   0 = Never</b>						
9. How often does this child currently have contact with his/her birth/adoptive mother? .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10. How often does this child currently have contact with his/her birth/adoptive father? .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11. Has this child ever been in foster care with a non-relative? (circle one) .....	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
<b>For each child, use these choices to answer questions 12 through 15:</b> <b>4 = Excellent   3 = Good   2 = Fair   1 = Poor   0 = Does not apply</b>						
12. Rate each child's behavior BEFORE living with you .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13. Rate each child's behavior NOW .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14. How was each child doing in school BEFORE living with you? .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15. How is each child doing in school NOW? .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
16. Has each child ever been diagnosed as having one or more conditions? If yes, write in diagnosis (such as physical disability, attachment disorder, emotional impairment, learning disability) .....	Yes / No <input type="text"/>	Yes / No <input type="text"/>	Yes / No <input type="text"/>	Yes / No <input type="text"/>	Yes / No <input type="text"/>	Yes / No <input type="text"/>
17. Has each child had any special achievement? If yes, describe (such as school honor roll, won award or scholarship, hobby, 4-H competition, community activity, etc.) .....	Yes / No <input type="text"/>	Yes / No <input type="text"/>	Yes / No <input type="text"/>	Yes / No <input type="text"/>	Yes / No <input type="text"/>	Yes / No <input type="text"/>

## Section F • Questions about your experiences as a caregiver

For each of the following questions, please circle one answer for each question.

1. How would you describe your satisfaction with life in general at this time? Excellent / Good / Fair / Poor
2. How would you rate your overall physical health at this time? . . . . . Excellent / Good / Fair / Poor
3. How is your physical health now compared to when you first started providing care for your relative's child(ren)? . . . . . Better / About the same / Not as good
4. How much has your physical health affected your decision to provide care for your relative's child(ren)? . . . . . Not at all / Slightly / Moderately / A lot
5. How much has caring for your relative's child(ren) affected your physical health? . . . . . Not at all / Slightly / Moderately / A lot
6. How would you rate your overall emotional health at this time? . . . . . Excellent / Good / Fair / Poor
7. How is your emotional health now compared to when you first started providing care for your relative's child(ren)? . . . . . Better / About the same / Not as good
8. How much has your emotional health affected your decision to provide care for your relative's child(ren)? . . . . . Not at all / Slightly / Moderately / A lot
9. How much has caring for your relative's child(ren) affected your emotional health? . . . . . Not at all / Slightly / Moderately / A lot

Since you started caring for your relatives' children, rate how it has affected the following aspects of your life.

Circle one answer for each question.

- |  | 1 = A<br>lot less | 2 = A<br>little less | 3 = The<br>same | 4 = A little<br>more | 5 = A lot<br>more |
|--|-------------------|----------------------|-----------------|----------------------|-------------------|
| 10. Since you began caregiving, how often do you have...   |                   |                      |                 |                      |                   |
| Time to yourself? . . . . .  | 1                 | 2                    | 3               | 4                    | 5                 |
| Stress in your relationship with the child(ren) in your care? . . . . .  | 1                 | 2                    | 3               | 4                    | 5                 |
| Personal privacy? . . . . .  | 1                 | 2                    | 3               | 4                    | 5                 |
| Attempts by the child(ren) in your care to manipulate you? . . . . .   | 1                 | 2                    | 3               | 4                    | 5                 |
| Time to spend in recreational activities of your own? . . . . .  | 1                 | 2                    | 3               | 4                    | 5                 |
| Unreasonable requests made of you by the children in your care?  | 1                 | 2                    | 3               | 4                    | 5                 |
| Tension in your life? . . . . .  | 1                 | 2                    | 3               | 4                    | 5                 |
| Vacation activities and trips? . . . . .   | 1                 | 2                    | 3               | 4                    | 5                 |
| Nervousness and depression concerning your relationship with the child(ren) in your care? . . . . .                  | 1                 | 2                    | 3               | 4                    | 5                 |
| Feelings that you are being taken advantage of by the child(ren) in your care? . . . . .                             | 1                 | 2                    | 3               | 4                    | 5                 |
| Time to do your own work and daily chores? . . . . .   | 1                 | 2                    | 3               | 4                    | 5                 |
| Demands made by the child(ren) in your care that are over and above what he/she needs? . . . . .                     | 1                 | 2                    | 3               | 4                    | 5                 |
| Anxiety about things? . . . . .  | 1                 | 2                    | 3               | 4                    | 5                 |
| Time for friends and other relatives? . . . . .  | 1                 | 2                    | 3               | 4                    | 5                 |
| Stress in your relationship with the parent(s) of the child(ren) in your care? . . . . .                             | 1                 | 2                    | 3               | 4                    | 5                 |
| Attempts by the parent(s) to manipulate you? . . . . .   | 1                 | 2                    | 3               | 4                    | 5                 |
| Unreasonable requests made of you by the parent(s) of the child(ren) in your care? . . . . .                         | 1                 | 2                    | 3               | 4                    | 5                 |
| Nervousness and depression concerning your relationship with the parent(s) of the child(ren) in your care? . . . . . | 1                 | 2                    | 3               | 4                    | 5                 |
| Feelings that you are being taken advantage of by your relatives?  | 1                 | 2                    | 3               | 4                    | 5                 |
| Demands made by the parent(s) that are over and above what he/she needs? . . . . .                                   | 1                 | 2                    | 3               | 4                    | 5                 |



**Section F • Questions about  
your experiences as a caregiver  
• continued**

Please return your completed questionnaire to:

**KINSHIP CAREGIVING SURVEY**  
**MSU Kinship Care Resource Center**  
**School of Social Work, Michigan State University**  
6810 S. Cedar Street, Suite 6  
Lansing MI 48911

8